

The mucous membrane of the cæcum and about half of the ascending colon showed a very intense acute inflammatory reaction of the character of that seen in bacillary dysentery, as well as areas of necrosis in the wall of the cæcum and colon.

Summary and Remarks. Male, never out of Canada. Ill eight days. Admitted with signs of acute peritonitis. Vermiform appendix normal. At operation there was found gangrene of the large bowel which was considered to be of dysenteric origin. Confirmed by post mortem.

Gangrene of the cæcum in dysentery is occasionally seen in tropical and sub-tropical countries, but it is most unusual in this part of Canada. A very unusual feature of this case was the complete absence of diarrhoea. In a case under my care in Salonika I drained the ileum with a Paul's tube. The patient died of toxæmia.

The differential diagnosis between gangrene of the cæcum and other severe acute inflammatory lesions in this location can scarcely be made with certainty, but it should be considered in cases of dysentery where there develops signs and symptoms of severe acute inflammation in the right lower quadrant of the abdomen.

J. GUY JOHNSON,

*Assistant in Surgery, the Montreal General
Hospital. (From the service of Dr. J.
Alex. Hutchison.)*

INFLUENZA COMPLICATED BY INCARCERATED FIBROID UTERUS AND MISSED CERVICAL ABORTION

MRS. C., age thirty-four years, M. G. H. 1309-1920, was admitted on February 18th, 1920, with influenza. While in the hospital, free uterine bleeding occurred. She had been married two years, had menstruated last, December 8th, 1919, and had had vomiting and other signs of early pregnancy. On vaginal examination the internal os was closed, the cervix uteri lay in the vaginal axis, and was forced up under the symphysis pubis by an indefinite mass which filled the pelvis. In its lower portion this mass was rather soft and boggy.

On examination under light anæsthesia the condition was

found to be an incarceration of the uterus, which when freed, gave the impression of a double tumour—a large and firmer body, which was thought to be the uterus, and behind and to the right of it a softer mass, which was considered to be, possibly, an extra uterine pregnancy.

On this assumption she was operated upon. When the abdomen was opened an enlarged uterus presented, the enlargement being due to a fibroid about 5 cms. in diameter, situated in the anterior and upper portion of the fundus. The boggy mass which had been felt on vaginal examination was situated on the right side beneath the broad ligament. Its nature was not determined until, after preparation, the left hand was introduced into the vagina and one finger pushed up into the cervix from below. Then, aided by pressure from above, a missed abortion of about six weeks was squeezed out into the vagina. The fibroid was removed in the usual way and the wound closed.

Convalescence from the operation was slightly complicated by the return of a chronic asthma. She was returned to the medical service on the sixteenth day after operation in excellent condition.

Summary. Uterine hæmorrhage during influenza. A diagnosis of incarcerated uterus with fibroid and possibly an extra-uterine pregnancy was made. At operation the fibroid was removed and what was considered to be, possibly, an extra-uterine pregnancy was found to be a missed cervical abortion.

H. M. LITTLE,

*Associate Gynæcologist, the Montreal General
Hospital.*